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THE MONTANA MAVERICK

A publication of Warm Springs State Hospital, Warm Springs, Montana

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REGION IV
SOUTH CENTRAL COMPREHENSIVE MENTAL HEALTH CENTER

Characteristics

Region IV, South Central Montana, consists of the following twelve counties: Big Horn, Carbon, Sweet Grass, Musselshell, Stillwater, Fergus, Petroleum, Wheatland, Golden Valley, Yellowstone, Treasure, and Park. These counties have an area of 27,372 square miles and a 1970 population of 140,320. Only six of the above counties have elected to participate in the Mental Health Center Program at this time. These counties are: Sweet Grass, Stillwater, Carbon, Yellowstone, Big Horn, and Musselshell. However, these six counties have a population of 113,135 or 81.33% of the population of Region IV.

Regional Board

The Regional Board was formally organized on June 12, 1970 with the adoption of approved by-laws. The Board is made up of one representative appointed by the county commissioners of the six participating counties. The Board members are:

Mrs. Archie M. Cochrane, Chairman, Yellowstone County
Mr. John Liggett, Secretary-Treasurer, Musselshell County
Mr. Elmer Duncan, Carbon County
Mr. John Leuthold, Stillwater County
Mr. George Miller, Big Horn County
Mrs. John A. Adams, Sweet Grass County

Program and Staffing Pattern

The South Central Mental Health Board in a joint effort with the State Division of Mental Hygiene submitted a federal staffing grant application on February 1, 1971 to obtain federal funds to hire staff for a regional comprehensive community mental health center. This application was approved and will be funded on September 1, 1971.

Due to the size of the region and the dispersion of the population, the overall plan is to provide a combination of centralized, decentralized, and some traveling workshops, clinics, diagnostic and treatment services. The program is similar to that of Region I, Western Montana, which was funded on January 1, 1971; and the proposed program for Region III, West Central Montana.

The present Mental Hygiene Clinic in Billings will become part of the comprehensive community mental health center and will form the nucleus of the initial center staff. The city of Billings will become the administrative and clinical headquarters for the region with branch offices or satellite units located in the communities of Hardin, Red Lodge, Roundup, Columbus, and Big Timber.

James W. Scriver
Jack K. Balcombe
Community Services Consultants

VOCATIONAL EDUCATION PROGRAMS

An expansion of the total educational program for the patients at Warm Springs State Hospital, in addition to the Title I Project which stresses academic preparation for youth, includes a number of Vocational Education Projects that offer vocationally oriented education and training in specific occupational areas. All five of these are reimbursement projects, approved by the State Board of Education and administered by the State Vocational Education Office in the Department of Public Instruction in Helena.

The two projects that have again received approval are in the area of home economics, Consumer and Homemaking Education, and in office occupations, Typing and Related Business Subjects. The homemaking program has much potential for assisting, both short and long term hospitalized women patients to become more effective homemakers by giving them the opportunity to learn new skills and procedures. The independent living experience, which is a part of this project, is an exceptional opportunity for hospitalized persons to have a large share of responsibility in their activities of daily living prior to leaving the hospital. The office occupations program offers training and experience in typing and other business studies. Instruction and practice in the use of manual and electric typewriters, calculators, and other modern business machines and procedures are included in the course. The small class and individual instruction make for an ideal setting for the student to learn and practice business skills.

Three new projects have been approved in the trades and industry area. These programs are primarily directed toward meeting the vocational education needs of some of the younger male patients. An industrial training program in Basic Construction Maintenance, that will provide instruction and practice in the use of hand tools, power tools and other equipment related to the construction industry. The project is prevocational in design and will familiarize the students with the more basic elements of construction.

The Automotive Maintenance project will provide basic training in this area of high interest for young men. Elementary maintenance procedures will be taught to trainees. There will be small group and individual instruction in servicing, tune-up and minor repair of automotive vehicles.

A Janitorial Services training program will provide the trainee with the opportunity for learning a wide range of janitorial skills to the level of being prepared for employment in this field. The course work includes; demonstration, instruction and practical work experience in many phases of janitorial work.

All of these vocational education projects will have instructors certified by the Department of Public Instruction. The programs offer education and training opportunities in skills areas that will enhance the trainees opportunities for employment.

REACHING FOR THE MOON?

This past month, we as American citizens, could once again be proud of our accomplishments in the Space Program. Ten years ago, much of what we achieved on this Apollo mission was just a dream. Today it is a reality. Even though most of us will never set foot on the moon, we can still dream and plan for the future. We might even say that the ideas presented in this article are "down to earth". Our primary concern is for patients, and it was with them in mind that the following paper was prepared; approved by Dr. Rogers and submitted to the Department of Vocational Rehabilitation in Helena.

PROGRAM: Feasibility Study:

Rehabilitation has, for some time, been the objective of many institutions throughout this country. Certainly, unless absolutely necessary, nobody wants to see people institutionalized on a permanent basis. If there is any way in which individuals can be returned to a normal community life, then we have a responsibility to investigate, initiate, and support such a method. Over the past years, Vocational Rehabilitation as well as other rehabilitation programs, have almost exclusively centered their attention on the patient or client. The results have been commendable. The question is, are we totally satisfied? Is there another approach? Can we secure better treatment, release planning, and aftercare supportive services that will make for more frequent and durable rehabilitation? Can we reduce the incidence of readmission? Can we, by placing some emphasis on other areas, in reality, be placing more emphasis on the patient? We, at the Warm Springs State Hospital, feel that we can and to support our contention, present this paper in justification of a feasibility study for one year to research our theories.

Areas of Study:

It is our intention to improve and expand present programs; to initiate new programs; to explore available funding and to research feasibility in the following areas:

EDUCATION -

Staff - At the present time, there is an orientation program for aides. We are exploring the possibility of an in-service grant to provide training for all individuals who have regular contact with patients. We feel that staff who work directly with the patients should be part of the treatment team. Steps have been taken to authorize this hospital as a training center for Licensed Practical Nursing. There is a need and we feel we have the capabilities necessary to provide this training. This would require the coordination of several agencies and would guarantee us the necessary Licensed Practical Nurses as now required by State Law for the administering of medications.

Patient - There are some programs currently operating in this area. Do we need additional M.D.T.A. type programs to help in rehabilitation? Are the present ones being used to maximum? What can be done to make the parents and the whole staff aware of the potential influence of a structured educational program, as a part of the recovery process?

HOUSING -

For many years there has been difficulty at Warm Springs State Hospital, as with other state institutions, in procuring adequate, competent staff. One of the biggest drawbacks has been the lack of newer, modern housing in Anaconda, Butte, and Deer Lodge. These are the labor areas from which we draw. It is possible to fund approximately 130 new units right here at Warm Springs. Imagine what this would do to help recruitment programs and ultimately the patients.

INTERAGENCY ASSISTANCE - There is a need to explore the availability of community resources across this state and nation. In the past few years, many new programs and agencies have sprung up and we need the time and funds to fully explore how they can help us to provide better services here at the hospital and as follow-up when the patient is returned to the community. Will the Department of Labor help us to train para-professionals, if we can come up with the jobs.

RECRUITING -

There is a trend, nationally, to get away from the big cities. We, at Warm Springs State Hospital, could take advantage of this, provided we can provide adequate housing, education and recreation - all of which is a part of this feasibility study.

RESEARCH STUDIES -

A grant request has been prepared and submitted for a Drug Abuse and Control Program for the Hospital that could have great impact on the whole state. We are getting more and more of this type of forensic case and we need some help in staff training, research and treatment programs.

RECREATION THERAPY -

There is a well equipped recreational facility here at the hospital but there are some other types of recreation we would like to explore. There are such sports as bowling, golf, and swimming that would be very beneficial.

INCENTIVE PROGRAMS -

Many major businesses have such programs today. In an institution this size, there are probably many ways in which an employee could assist management by making recommendations for lowering expenditures or providing better patient care. We need to study such programs to see if it would be beneficial to the hospital to initiate such an award system.

PUBLIC RELATIONS -

This aspect of our research would involve two areas. First, how do we project ourselves into each community in the state so that care can be provided earlier. We all know that the sooner we can provide treatment, the better chance at total rehabilitation. Secondly, our communities need to know more about mental health and mental illness. We must move to erase the stigma of having been at a mental institution.

TRANSPORTATION -

Second only to inadequate housing is our need for better transportation for employees. The major expense is the initial outlay for buses. Such a service, would result in considerable savings to employees, plus the safety factor. It would also create a few more jobs and this is important.

MICRO FILM -

There has been some investigation into this area but once again, funds are lacking. We are the only such state institution and, while we can proceed as in the past, maybe, there is some way in which we could modernize this very essential area of our hospital.

FAMILY COUNSELING -

This type of service could be very helpful, especially, for our younger patients. Frequently, our counselors only see segments of the family and this, of course, does not do the job adequately. Many times, the family lacks the money to come here for consultation. Using Title I money, we should be able to provide this service and thus do more effective pre-release planning.

HYDROTHERAPY -

We at Warm Springs State Hospital, have a natural location for such a facility and need to explore the possibility of getting outside funds.

Since this paper was submitted, two other programs have been initiated. We have an Emergency Employment Funding coming into Montana. This is part of a national program and Montana's share will be four million dollars. We have been informed that we will share in this operation.

On August 6th, at Dr. Rogers request, a hospital committee headed by Dr. Xanthopoulos met to study methods of utilizing monies from the above mentioned E.E.A. Grant and to review a Comprehensive Alcoholism Program for the State of Montana.

This, very briefly, is a summary of the types of programs being projected for the hospital. We have no doubt that these ideas, if implemented, will result in better patient care and rehabilitation. Some might say that we are reaching for the moon. In the year 1971, what is so unusual about that?

John Justin Sullivan

CONTINUITY OF CARE

With the advent of the NIMH Hospital Improvement Project Grant program of 1963, there occurred a widespread reappraisal of traditional approaches to the delivery of mental health services. A residual of this reappraisal was experimentation with innovative mental health service delivery systems. One of the most worthwhile service delivery concepts to emerge from experimentation was the "comprehensive community mental health center". The major objective of the comprehensive community mental health center concept is to provide a broad spectrum of services extending from the immediate management of psychiatric emergencies to rehabilitation of chronically ill patients through the participation and collaboration of many agencies, professions, and community resources. The comprehensive community mental health center concept has found appropriate application in Montana State where the supply of mental health services to rural areas continues to be a manifest problem.

Implementation of the comprehensive community mental health center concept in program development within Montana State would not have been possible without the recognition of mental health service needs and participation toward meeting these needs by the citizenry. Over the past several years Montana communities have increasingly assumed specific responsibilities in the field of mental health. Preventive programs aimed at expanding public knowledge about the factors which are conducive to mental illness have emerged in various communities. Some of these preventive programs have been educationally oriented and sponsored by civic, professional, or special interest groups. Other programs have been geared toward identifying existing, or creating new helping resources for the mentally ill residents of Montana. The development of such programs has been characterized by tacit acceptance of the principle that hospital and community share equally in the responsibility for care and treatment of the mentally ill. Despite the occasionally rumored suspicion that Montana communities may subtly or directly question a patient's right to return to his own home community, the weight of evidence points to the contrary. Many new community resources have been formed in an attempt to assure continuity of care for the patients who arrive from the community, progress through a period of psychiatric hospitalization, and return to the community environment. In short, the current trend appears to be toward creating therapeutic rather than stigmatic communities.

Although much laudable effort has been directed toward the formation of therapeutic communities with assurances of continuity of care, there still exists a generalized lack of knowledge about the opportunities which await the patient upon his return to the community. This lack of knowledge might be attributed primarily to deficits of communication and coordination. In order for the process of continuity of care to become maximally effective, there are certain prerequisites which should be met:

1. Ongoing exchange of information between the hospital, the various components of the Division of Mental Hygiene, and the community at large about the helping resources available to patients should occur. Although the word "resource" has become a household word

among members of the helping professions, there may not be adequate recognition of the meaning of the word "resource" from the viewpoint of the person in need. Resources may symbolize to the formerly hospitalized patient another person or group of persons who are sincerely interested in his welfare. Resources may represent the tangible concern of the community. Regardless of whether or not an individual has undergone psychiatric hospitalization, he will confront demands in his social environment which influence the definition of his needs. While it is true that the formerly hospitalized psychiatric patient may have special needs not shared by his neighbors, both the former patient and his neighbors share common needs for food, shelter, clothing, work, transportation, socialization, recreation and spiritual fulfillment. The special needs of former psychiatric patients may include medications, vocational training, temporary financial support, counseling, and so on. The knowledge of existing community resources becomes imperative within the spectrum of continuity of care at the point when satisfaction of these needs is crucial to strengthening the released patient's adjustment and relieving pressures which may evolve while the patient is residing in the community. Thorough awareness of the objectives, values, structure, base of authority, working methods, referral procedures, and personnel of community agency resources increases measurably the possibility of delivering meaningful services to the person in need of help.

2. Inter-agency relationships must be fostered and maintained. The media used by individuals in carrying on communications between agencies are commonly known as inter-agency relationships. One of the primary goals of inter-agency relationship should be the provision of adequate, meaningful service to clients. The manner in which inter-agency relationships and referrals are initiated and executed is indicative of the kind of relationship which exists between agencies. The inter-agency referral system is actually the method through which communication occurs. Likewise, the inter-agency referral system is one of the most common areas of conflict and communication breakdown. It is not unusual for inter-agency battles over communication and referral problems to rage unresolved or only partially resolved for months and even years. Meanwhile the focus on client service becomes quite blurred. In relation to the provision of continuity of care for psychiatric patients, inter-agency disagreements may develop around the following factors:

- a. The time period between receipt of referral and the actual demand for service delivery.
- b. The degree of illness or remission of the patient or client.
- c. Evaluation of the strengths and weaknesses of the patient or client.
- d. Interpretation of goals for the patient or client.



- e. Differing perceptions of the adequacy of referral informations.
- f. Inaccurate or inadequate understanding of agency services.
- g. The feeling of abusive exploitation of agency resources.

Once an inter-agency relationship has been established, the maintenance of this relationship hinges to a large degree on the quality of the referral process. Adequacy of referral is reflected in the following guidelines:

- a. The decision about the kind and amount of information to be provided by referral has been based primarily on recognition of the recipient's need to know and the subsequent use of information.
 - b. A decision regarding what kind of information will be most pertinent and meaningful has been made.
 - c. Referral information will enable the recipient to render effective service to the person in need.
 - d. Referral information has been individualized in respect to the particular patient or client.
 - e. The timing of referral has been appropriate.
3. Utilization of community resources should be coordinated to avoid fragmentation of services. An unfortunate residual of the otherwise laudable efforts on the part of Montanans to create therapeutic communities has been the fragmentation, in some instances, of services to mentally ill persons. Incredible as it may seem, a person in need of help can become lost between isolated segments in the total constellation of community public service agencies. Providing services to people is totally different from giving alms in that there is a definite need for the "left hand to know what the right hand is doing". Looking toward the future there is a high probability that staff associated with newly emerging comprehensive community mental health centers will become recognized mental health experts in the community. Mental health center staff will be capable of bearing the "primary" responsibility for coordinating utilization of helping resources for the individual patient.

Richard E. Fanestil
Coordinator of Aftercare and Referrals
Division of Mental Hygiene

TOURS HELP PUBLIC RELATIONS

As with any institution, agency or program which relies on tax money for support, Warm Springs State Hospital needs the sympathetic understanding of the public. Good public relations can assist greatly in promoting this understanding. For this reason, we have encouraged tours for interested groups.

During the past year, it was gratifying to have several tours for legislators, who were in the process of considering a bill which will affect our operation for the next biennium. Many of them were impressed by the work conditions for the employees as well as the condition of physical surroundings in which our patients live.

Other groups to take advantage of the opportunity to learn about their State Hospital, included Department of Public Welfare orientation classes, Montana Mental Health Association groups, student groups from our University System and Nursing groups.

During the year, there were over fifty tours recorded for groups ranging in number from five to eighty-three. A total of about 1,350 people toured the hospital. Many of the visitors expressed their feelings, which ranged from amazement at the excellence of certain aspects of the job we are doing with the resources available, to feelings of dismay at the lack and shortages in facilities and personnel.

It is interesting to note that there were tour groups from as far distant as Miles City. Most of the tours, however, came from the Western part of the State.

At present, we are hoping to be able to improve our presentation through the use of slides and recorded messages. Another need we have is for more printed material which can be passed out to our visitors.

Gregory Jacobs. ACSW
Coordinator of Tours

MILIEU THERAPY AND ITS MEANING IN THE STATE HOSPITAL

Among the many therapies that are used today in mental hospitals and other institutions dedicated to the care of the mentally ill or emotionally sick individuals, the term milieu therapy is often seen among the different types of therapy applied to these patients. Milieu therapy is a relatively new term, or at least is used more often now, to indicate vast, and at times vague factors that influence the behavior of the patient in a positive or negative way.

In an institution like Warm Springs State Hospital, with over 1,000 patients and several hundred staff personnel, you cannot ignore the influence that this amount of people inter-acting with each other at different levels is going to have. It will create an impact on their personality make-up, especially on the patients, who are also subject to different rules and regulations than in their home environments. They have to associate with other patients on the ward, with members of the staff on their ward, not only with different personalities on the same shift, but also with people who work different shifts, and with people from the various departments such as: Psychology, Social Service, Activity Therapies, Food Service, Maintenance, Administration, and others.

Milieu therapy also includes the more subtle, but no less important, influence of the physical area where the patient is residing. The size of the building, the amount of light in the living area, ventilation, crowding and over-crowding, style of furniture available, pleasantness of the surroundings either inside the building or outside, such as flowers in the summertime, trees, or a change in landscape such as the pond, creek, the traffic of people, automobiles, bicycles, and perhaps even the railroad track and the highway near the hospital, are all going to create an impact on the patient. This has been known for many years, and it has always been the goal of the administration of the hospital to create a pleasant environment, especially for the mentally disturbed person, in the sense of serenity, calm, and beauty. This may be as important as medical attention or other therapy that can be provided.

In the hospital at Warm Springs we have seen many changes during the last few years. Some buildings have been demolished because they were too old or not suitable for good living conditions. We have seen changes in the behavior of the patients and also of the staff personnel because these changes have occurred. As an example, we have the case of the building where the old post office was established. Many of the staff personnel used to go there during the day, in the morning or at the change of shift, to check for correspondence. They would encounter patients who were around the area, say hello and speak to them briefly. This gave a feeling of recognition and communication to the patients which they enjoyed. This building had to be removed because it was not suitable for habitation.

The post office was changed to a temporary location and is now located in a beautiful new building east of the Administration Building. When the change in the location of the post office occurred, the traffic

of the staff personnel to the old area ceased. We saw then, as we still see, some of the patients walking around the parking area where the old post office was located. They do not have the opportunity now to establish the superficial rapport or communication with the staff personnel, and on the other hand, the staff personnel does not have the opportunity to exchange greetings with these patients who have the habit of waiting around that area.

Here we can see a two-way situation where a positive relationship was established in the sense that the patients were happy to see some of the staff members in that area. On the other hand, because they do not go anymore, they probably feel some sense of deprivation or isolation.

There are many other ways in which there is a subtle difference in communication between staff and patients, which are difficult to detect on simple observation. What we have been trying to emphasize with this example, which is only one of many that we could indicate, is the importance of changes in the environment created by the individuals surrounding the patients, or by the physical plant.

We all know that changes are going to occur in the personnel, staff, and the physical plant, because this is part of progress and improvement. On the other hand, it is important that we are aware of what these changes are going to mean to the patients' care, and how the patients are going to receive these changes. If we are aware of the implications, we then can make some corrections or at least understand some of the reactions that we are going to have because these things are occurring.

In the same way, in society outside of the hospital, we find similar situations. We are all subject to changes. We sometimes like to see new things, and are sometimes attached to things in the past, but we are all affected by things that are happening around us. We can conclude from these notes that milieu therapy is a strong therapeutic tool.

M. F. Gracia. M. D.
Clinical Director

A COMPLEXITY OF ATTITUDES CONCERNING ALCOHOLISM

The individual's ability to accept help and to overcome his own attitudes of resentment, defensiveness and reticence is dependent on the attitudes of those about him. Three factors seriously impede an enlightened and positive approach to alcoholism; the ignorance which exists about the alcoholic and his disease; society's apparent inability, even unwillingness, to appreciate that anyone who uses beverage alcohol is a potential alcoholic; and the existing general apathy to the misuse of alcohol beverages.

That alcoholism is a disease - a treatable disease - with greater potential of recovery than can be assured in most ailments, is being substantiated in every aware and intelligent community by an ever-increasing number of recoveries. Alcoholism is a disease of the lonely. The alcoholic has been the most ignored and rejected of all the world's sick ones. I know of no more miserable existence than that of the alcoholic, alone, bewildered, frustrated, rejected by all and still idealistic, sensitive, and needing the support of others. With all this generation has to offer, perhaps the greatest and most lasting contribution it may make is that it sought and found at least the beginning of a solution to alcoholism which has been the greatest enigma to mankind.

It is emphasized that awareness, knowledge, understanding and acceptance will achieve a new and productive climate of operation; and that empathy toward the alcoholic as a person will begin to undo the ignorance, prejudice and emotionalism of the past. It is important that those who need and want understanding care do find it. The physical, mental, social and spiritual damage of alcoholism make the disease a medical and social problem of immeasurable proportions, and as such, a health and social responsibility demanding every priority. Prohibition, bigotry and ignorance are not the answers. We can no more close bars because we have alcoholism, than we can close candy stores because we have diabetics. Most people drink and will continue to do so. Like death and taxes, this is a part of our way of life we cannot change. Therefore, we must learn how to live with it properly.

The effect of alcohol on those who abuse it is recorded in earliest history. Measures of every extreme have been tried to control it, but always as a moral or social evil, rarely as the manifestation of a disease in itself. Those who would still offer punitive judgment as the only answer might recall that every man's Higher Power awaits his death before pronouncing judgment. Sometimes a period of borrowed time is granted to try again. How then can we as mortal men take it upon ourselves to judge and condemn each other? Do we not believe in the dignity of man? Do we not subscribe to being our brother's keeper?

If we believe these precepts, we must recognize the alcoholic as a person; accept him as a human being deserving of attention and care; and by positive action respond to his needs. With such recognition, acceptance and response we achieve an honorable approach to man's primary alcohol problem; alcoholism.

Patrick E. Powers
Alcoholic Counselor

